

TRANSCRIPT PURCHASE ORDER**For Third Circuit Court of Appeals**District Court District of Delaware

Court of Appeals Docket No. _____

District Court Docket No. 08-15 GMSShort Case Title USA v. Jemain Z. DavisDate Notice of Appeal Filed by Clerk of District Court 7/29/2008**Part I.** (To be completed by party responsible for ordering transcript)

NOTE: A SEPRATE FORM IS TO BE TYPED FOR EACH COURT REPORTER IN THIS CASE.

A. Complete one of the following and serve ALL COPIES:

TRANSCRIPT:

- ☐ None ☐ Unnecessary for appeal purposes.
- ☐ Already on file in the District Court Clerk's office.
- ☒ This is to order a transcript of the proceedings heard on the date listed below from Kevin Maurer (Court Reporter)
- (Specify on lines below exact date of proceedings to be transcribed). If requesting only partial transcript of the proceedings, specify exactly what portion or what witness testimony is desired.

Sentencing 7/14/2008

If proceeding to be transcribed was a trial, also check any appropriate box below for special requests; otherwise, this material will NOT be included in the trial transcripts.

- ☐ Voir dire; ☐ Opening statement of ☐ plaintiff ☐ defendant
- ☐ Closing argument of ☐ plaintiff ☐ defendant
- ☐ Jury instructions ☐ Sentencing Hearings

B. This is to certify that satisfactory financial arrangements have been completed with the court reporter for payment of the cost of the transcript. The method of payment will be:

- ☒ Criminal Justice Act (Attach copy of CJA form 24)
- ☐ Motion for transcript has been submitted to District Court Judge
- ☐ Private Funds

Signature

Date

Print Name

Counsel for

Address

Telephone

James J. Haley Jr.Jemain Z. DavisP.O. Box 188, Wilm., DE 19899(302) 656-7247**Part II.** COURT REPORTER ACKNOWLEDGEMENT (To be completed by the Court Reporter and forwarded to the Court of Appeals on the same day transcript order is received.)

Date transcript order received	Estimated completion date; if not within 30 days of date financial arrangements made, motion for extension to be made to Court of Appeals	Estimated number of pages

- ☐ Arrangements for payment were made on _____
- ☐ Arrangements for payment have not been made pursuant to FRAP 10(b)

Date

(Name of Court Reporter)

Telephone

Part III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN THE DISTRICT COURT (To be completed by court reporter on date of filing transcript in District Court and notification must be forwarded to Court of Appeals on the same date.)
This is to certify that the transcript has been completed and filed with the District Court today.

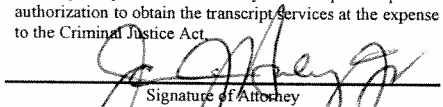
Actual Number of Pages _____

Actual Number of Volumes _____

Date

Signature of Court Reporter

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED Jemain Z. Davis		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 08-15 GMS		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Jemain Z. Davis		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) TD	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:1349 Conspiracy to commit wire fraud- Count I; 18:1957 Illegal monetary transaction-Count II							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal- Final Judgement							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Sentencing Hearing							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  _____ Signature of Attorney Date James J. Haley, Jr. Printed Name Telephone Number: (302) 656-7247 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order Nunc Pro Tunc Date			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS James J. Haley, Jr. Ferrara & Haley P.O. Box 188 Wilmington, DE 19899 Telephone Number: (302) 656-7247			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 51-0286807							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original				\$0.00		\$0.00	
Copy				\$0.00		\$0.00	
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:						\$0.00	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED	